

TRANSMITTAL FORM

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Total Number of Pages in this Submission

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First Named Inventor: R. Sanders Williams

Art Unit: 1653

Examiner Name: Samuel Liu

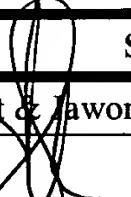
Attorney Docket Number: MYOG:036US

## ENCLOSURES (check all that apply)

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|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form                           | <input type="checkbox"/> Drawings(s) _____   | <input type="checkbox"/> After Allowance Communication to TC   |
| <input type="checkbox"/> Fee Attached                                   | <input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  |
| <input checked="" type="checkbox"/> Amendment/Reply                     | <input type="checkbox"/> Petition  | <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)                             |
| <input type="checkbox"/> After Final                                    | <input type="checkbox"/> Petition to Convert to a Provisional Application                | <input type="checkbox"/> Proprietary Information   |
| <input checked="" type="checkbox"/> Affidavits/declaration(s)           | <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                      | <input type="checkbox"/> Statement under 37 CFR §3.73(b)                                 | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)   |
| <input type="checkbox"/> Express Abandonment Request                    | <input type="checkbox"/> Designation of Patent Practitioners                             | <input checked="" type="checkbox"/> Check in the amount of \$250.00  |
| <input type="checkbox"/> Information Disclosure Statement               | <input type="checkbox"/> Terminal Disclaimer   | <input checked="" type="checkbox"/> Authorized to be charged to deposit account if check insufficient or inadvertently omitted |
| <input type="checkbox"/> Form PTO-1449                                  | <input type="checkbox"/> Request for Refund  | Deposit account number: <u>50-1212/MYOG:036US/SLH</u>  |
| <input type="checkbox"/> References _____                               | <input type="checkbox"/> CD, Number CD(s) _____  | <input type="checkbox"/> Sequence Statement  |
| <input type="checkbox"/> Certified Copy of Priority Documents           | <input type="checkbox"/> Landscape Table on CD   | <input type="checkbox"/> Paper Copy of Sequence Listing  |
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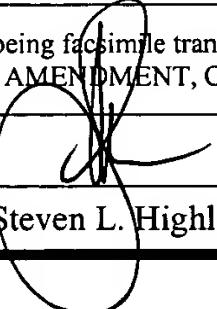
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Date	July 20, 2005		

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